

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017212

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 68

FILED APR 22 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>UNKNOWN Ray County</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNKNOWN</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNKNOWN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Unknown</u> b. COUNTY <u>Unknown</u> c. CITY OR TOWN <u>Unknown</u> d. STREET ADDRESS (If outside, give location) <u>Unknown</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>UNKNOWN</u> Middle <u>UNKNOWN</u> Last <u>UNKNOWN</u> | | 4. DATE OF DEATH <u>UNKNOWN</u> Month <u>April</u> Day <u>4</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Unknown</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Unknown</u> | | 12. CITIZEN OF WHAT COUNTRY <u>UNKNOWN</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>UNKNOWN</u> | |
| 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT <u>UNKNOWN</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apparent suicide-both wrist slashed.</u> Found floating in Missouri River. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Found floating in Missouri River.</u> DUE TO (c) <u></u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>found 8:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Don Stafford Coroner</u> (Degree or title) | | 22b. ADDRESS <u>Richmond Mo.</u> | 22c. DATE SIGNED <u>4-13-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-12-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>County Home Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Thomas J. Carter, Richmond, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-14-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision. *Body not Embalmed*

Student _____
Signature of Student Embalmer

Signed *Thomas J. Carter* _____

Licensed Embalmer No. *4474* _____

P. O. Address *Richmond, Mo* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.